

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001289

FILED
Jan 16, 2008
Secretary of State

Entity Name: COMMUNITY WELFARE SERVICES INC.

Current Principal Place of Business:

680 HALE AVE N #250
OAKDALE, MN 55128

New Principal Place of Business:

5566 OJIBWA RD.
BRAINERD, MN 56401

Current Mailing Address:

680 HALE AVE N #250
OAKDALE, MN 55128

New Mailing Address:

P.O. BOX 2926
BAXTER, MN 56425

FEI Number: 84-1690457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CLARK, BRUCE
Address: PO BOX 28507
City-St-Zip: OAKDALE, MN 55128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CLARK, BRUCE
Address: PO BOX 2926
City-St-Zip: BAXTER, MN 56425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE CLARK

PRES

01/16/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date